



# OREGON TRAFFIC ACCIDENT AND INSURANCE REPORT

## INSURANCE VERIFICATION REQUEST

ACCIDENT DATE	DAY OF WEEK M T W TH F S S N	TIME OF DAY AM PM	COUNTY	<b>DO NOT WRITE IN THIS SPACE</b>	Accident Number _____
ROAD ON WHICH ACCIDENT OCCURRED (Name of street, road or route)			MILE POST		Accident Type Code (Circle One) 1 2 3 4 6 8 9 X R P
<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST INTERSECTING ROAD <input type="checkbox"/> NEAR _____ MILES N S E W				<input type="checkbox"/> WITHIN _____ FEET N S E W NAME OF NEAREST CITY / TOWN <input type="checkbox"/> NEAR _____ MILES N S E W	
<b>TYPE OF ACCIDENT</b> - The accident involved one or more of the following: (Mark all that apply):					
<input type="checkbox"/> Two vehicles <input type="checkbox"/> Fatality <input type="checkbox"/> ATV / Snowmobile <input type="checkbox"/> Train <input type="checkbox"/> Animal					
<input type="checkbox"/> More than two vehicles <input type="checkbox"/> Bicycle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Parked vehicle <input type="checkbox"/> Fixed object					
<input type="checkbox"/> Pedestrian <input type="checkbox"/> Overturned vehicle <input type="checkbox"/> Other					
<b>Were you covered by liability insurance at the time of the accident?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If you do not complete ALL of this section your accident will be considered uninsured and your driving privileges may be suspended. You must list the insurance company that provided liability coverage for the vehicle you were driving. DMV will verify this information with the insurance company. If the insurance company denies the coverage, DMV will suspend your Oregon driving privileges.					
DRIVER'S NAME (LAST, FIRST, MIDDLE)		DRIVER'S LICENSE NUMBER		STATE	DATE OF BIRTH
DRIVER'S ADDRESS		CITY		STATE	ZIP CODE
VEHICLE OWNER'S NAME AND ADDRESS		CITY		STATE	ZIP CODE
<input type="checkbox"/> SAME					
INSURANCE COMPANY NAME (NOT AGENT) AND ADDRESS		CITY		STATE	ZIP CODE
POLICY NUMBER	VEHICLE IDENTIFICATION NUMBER		VEHICLE PLATE NUMBER	STATE	YEAR MAKE & MODEL

### INSTRUCTIONS TO INSURANCE COMPANY

1. If the accident described above was not covered by liability insurance as indicated, check reason below and return this form dated and signed to the address below.
2. If indicated coverage was in effect at the time of the accident no action is required.

### REASON FOR DENIAL:

- ☐ Coverage does not meet minimum Oregon liability requirements (\$25,000 — \$50,000 — \$10,000)
- ☐ Policy Expired Before Accident
- ☐ Policy Effective After Accident
- ☐ Vehicle Not Covered on Policy
- ☐ Policy Number Given is Incorrect
- ☐ Lapse in Policy
- ☐ Driver Not Authorized to Operate Vehicle
- ☐ Driver Authorized But Not Covered on Policy

PRINTED NAME OF AUTHORIZED REPRESENTATIVE	SIGNATURE <b>X</b>	DATE OF DENIAL
PHONE NUMBER	FAX NUMBER	CLAIM NUMBER

ACCIDENT REPORTING UNIT  
DRIVER AND MOTOR VEHICLE SERVICES  
1905 LANA AVENUE NE  
SALEM OR 97314